

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000278

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: FAMILY FARMS OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

1652 DOLPH RD.  
JACKSONVILLE, FL 32220

**New Principal Place of Business:**

**Current Mailing Address:**

1652 DOLPH RD.  
JACKSONVILLE, FL 32220

**New Mailing Address:**

FEI Number: 75-2986175

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONTEMPORARY BUSINESS SERVICES, INC.  
4070 HERSCHEL ST.  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ELLISON, GLENN F  
Address: 1652 DOLPH RD.  
City-St-Zip: JACKSONVILLE, FL 32220

Title: DV ( ) Delete  
Name: ELLISON, SHEILA  
Address: 1652 DOLPH RD  
City-St-Zip: JACKSONVILLE, FL 32220

Title: DST ( ) Delete  
Name: DAVID, RAY  
Address: 6620 SOUTHPOINT DR. SOUTH  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST (X) Change ( ) Addition  
Name: DAVID, RAY  
Address: 936 WEST TENNESSEE TRACE  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN F. ELLISON

DP

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date